

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREF	
E (NE17216_)	ULLY BEFORE PREPARING THIS REPORT
Q <sub>MS</sub> OF	
1 File Number U S 676	2 Fiscal Year Covered From.
	1 1 2004 Through 12 31 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Joseph H Hauser	Name Plumbers & Steamfitters Local Union 44
	Labor Organization File Number 037-857
PO Box Bidg. Room No if any	PO Box Building and Room Number if any
Street 3915 E Main	Street 3915 E Main
City Spokane	City Spokane
State Washington ZIP Code + 4 99202	State Washington ZiP Code + 4 99202
5 Position in labor organization Final Cal Secretary	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7.a Nature of Interest Transaction or Income
Name	
	<b>-</b>
Trade Name if any	-/
PO Box, Bldg., Room No if any	
	7.b Amount.
PO Box, Bldg., Room No if any Street	7.b Amount.
PO Box, Bldg., Room No if any	7.b Amount.
PO Box, Bldg., Room No if any Street	7.b Amount.
PO Box, Bidg., Room No if any  Street  City  State  ZIP Code + 4	7.b Amount.
Street  City  State  ZiP Code + 4  S  15. Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief true correct, and complete (See the	egnature  of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the
Street  City  State  ZiP Code + 4  S  15. Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief true correct, and complete (See the	egnature  of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the
Street  City  State  ZIP Code + 4  S  15. Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief true correct, and complete (See the	agnature of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the section on penalties in the instructions)

Name of Person Filing Joseph Hauser	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name	Business deals with     a Labor Organization	
PO Box Bidg. Room No if any  Street  City	b Trust	
State ZiP Code + 4	11 a Nature of such dealing	
10 if 9 b or 9 c. is checked give trust or employer's name  Name INLAND EMPIRE APPRENTICESHIP TRAINING COMM  Trade Name if any:	Earned wages as Instructor for Apprenticeship Training Program	
PO Box Bldg Room No fany Street 3915 E Main	11 b Approximate dollar value of such dealing \$3 044	
Cay SPOKANE WA	12.a Nature of interest held or income received	
State Washington ZIP Code + 4 99202		
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a Nature of payment	
Name Trade Name if any		
PO Box Bidg Room No if any		
Street		
State ZiP Code + 4		
13 h le the Diverses en Employer 2	14.b Amount of payment.	